

NORTH CAROLINA STATE ARCHIVES
ACADEMIC TRANSCRIPT REQUEST FORM

This authorizes the North Carolina State Archives to release a copy of my academic transcript.

PLEASE PRINT

School attended/location: _____

Student's Name on transcript: _____

Dates of attendance: _____

Course of study: _____

Date of birth: _____

Social Security number: _____

Current mailing address: _____

Daytime telephone number: _____

Mail transcript to: _____

Signature: _____

Date: _____